PHP15

SURVIVAL RATES FOR PATIENTS RECEIVING TRANSFUSIONS IN THE UNITED STATES FROM AN ADMINISTRATIVE MANAGED CARE DATABASE

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OBJECTIVE: Published data for the age distribution and survival of transfusion patients is either outdated (Vamvakas, 1994) or non-US based (Mathoulin-Pellisier 2000; Tynell 2001). Vamvakas data were based on a sample of patients transfused during surgery in Olmsted county (MN) in 1981. The validity of such data for current analyses is uncertain given changes in transfusion practices. This study obtained current estimates of age at transfusion and survival of transfused patients to populate a cost-effectiveness model of screening volunteer blood donations.
METHODS: Eligible patients had at least one code (ICD-9-CM, CPT-4, HCPCS, UB-92) for blood transfusion in 1995 and were eligible for services one month surrounding the index transfusion date. Data were from a proprietary managed care database containing private health care claims and enrollment data representing health care services provided through various managed care plans to approximately 3 million members annually, including Medicare-eligible individuals, in over 20 states. Age distribution and age-specific five-year survival of transfusion recipients were calculated.
RESULTS: A total of 6,779 patients were included. The baseline age distribution was: <16 years—4.7%, 16–45 years—14.4%, 46–65 years—21.3% and >65 years—59.7%. This was similar to the distribution reported by Mathoulin-Pelissier, but with a larger proportion of the population in the older age categories. Annual post-transfusion mortality was estimated as: Year 1–31%, Year 2–13%, Year 3–9%, Year 4–9%, and Year 5–8% (percent of transfused cohort). These post-transfusion mortality rates are about 5 percentage points greater than those from the Vamvakas data. These data indicate that morbidity of patients receiving transfusion in the US may have risen since 1981; the new data may better represent general practice across the US.
CONCLUSIONS: Current data confirm that post-transfusion mortality rates continue to be high, presumably due to patient underlying disease, with over 40% mortality within the first two years of transfusion.

PHP16

PATIENT SATISFACTION AND PHARMACEUTICAL OUTPATIENT CARE

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OBJECTIVE: This research aims to build an information system on pharmaceutical services, taking into account patients' opinions, to assess providers as well as health care system performance and to provide a market surveillance tool, at a time where increasing hazards for patients emerge from global trade and increased risks of counterfeiting and piracy. It also provides guidance on prescribing policies for clinical governance and policymakers.
METHODS: The patient survey combines patients' opinions and reported information about drug care, health status and socio-demographic characteristics. Patients' opinions are on information, clinical quality, access, communication and trust. Reported information, to assess system performance, is partly based on Prosper questionnaire from the Center for Quality of Care, HSPH (section 3). A sample of 251 patients was randomly selected, from computerized patient registers of three practices in a UK Primary Care Group on three chronic conditions: hypertension, asthma and diabetes.
RESULTS: Five rate-based patient satisfaction scores and several reported scores on drug therapies for three chronic conditions are presented. Large variations appear among patient satisfaction scores, but mainly at practice level. Highest opinion scores of practices are on communication and lowest scores on access. Around 13% of patient think they receive confusing information and the rate is especially high among asthmatic patients. Main sources of confusion are between professionals and media information sources. Reported information provides detailed insight on areas and forms of confusion (side-effects, how and when to take medications).
CONCLUSIONS: This paper shows that certain scores may conflict with rational drug use policy and appropriateness of uptake of medicines. Major problems in drug supply and lack of business ethics challenge providers and patients. Policy implications of such information system on drug care will be discussed in order to address increasing hazards for patient safety and pharmaceutical services.

PHP17

DRUG INSURANCE TYPE AND INAPPROPRIATE PRESCRIPTIONS FOR THE ELDERLY: ANY CONNECTIONS?

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OBJECTIVE: Inappropriate prescribing can cause significant adverse events for all age groups. It is perhaps most challenging and costly when it happens to vulnerable population groups in general and the elderly in particular. Some studies explored the high prevalence and demographic variables as risk factors of inappropriate prescribing in the elderly. This study extends to examine the impact of insurance type on inappropriate drug use by the elderly.

METHOD: Inappropriate geriatric medications were defined by well accepted explicit criteria. Logistic models were employed to estimate the likelihood functions using the 1996 Medical Expenditure Panel Survey (MEPS), based on a national representative sample of the non-institutionalized populations. Complex survey sample design was adjusted in modeling.
RESULTS: When grouping all types of insurance together, a dichotomous insurance variable captured no difference in the likelihood of inappropriate medication use between the insured and the uninsured groups. After distinguishing the insurance type, it was found that the elderly with fee-for-service (FFS) coverage were more likely to use inappropriate prescriptions (OR = 1.73, 95% CI: 1.27–2.34), compared to those without coverage. This effect was reduced but remained significant after controlling for the total number of prescriptions (OR = 1.39, 95% CI: 1.01–1.90). In contrast, people with HMO type of coverage were indifferent with the uninsured. Moreover, as expected, the most predictive variable of inappropriate prescriptions is the total number of medication use, followed by worse health conditions and women.
CONCLUSION: When analyzing insurance impact on drug utilization, distinguishing insurance type seemed to be important. This study suggested a higher risk with FFS model for inappropriate medication use compared to the uninsured and others, the first evidence of its kind based on a national database. While this finding offers some interesting implications for insurance policies, further research is warranted to discern the reasons for the observed adverse impact of FFS coverage.

PHP18

STOP: SMOKING CESSATION TARGET: OBSERVATORY PROGRAM, THE FRENCH PHYSICIAN'S PROGRESS

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OBJECTIVE: The general practitioner is often the first professional involved in the treatment of tobacco dependence, when he or she responds to the explicit request of smokers to help end their tobacco consumption or asks his or her patients about their situation in relation to tobacco.
METHOD: The STOP programme, through a questionnaire distributed to around 6,000 doctors, aims to describe the progress doctors are making with regard to their own tobacco dependence as well as in the public health initiative entrusted to them.
RESULTS: Here we present the preliminary results of this investigation, through the analysis of the first 300 questionnaires. The average age of our sample was 45 years; 75% were men. For 41% of the doctors that responded, the setting up of a treatment programme takes place during a specific consultation. The information supports used come from the pharmaceutical industry (62%), health insurance companies and anti-smoking associations (38%). 82% felt that the most relevant support was patient information that they could distribute and that would back up verbal advice. If 51% of doctors state that they have never smoked, 62% of the smokers expressed a desire to give up smoking, and 85% of them do not consider their status as smokers as a hindrance to beginning smoking cessation treatment with their patients. Lack of training (3%), skepticism as to the effectiveness of available treatments (4%), the absence of specific remuneration (4%), do not seem to be the reasons for not beginning smoking cessation treatment with their patients, unlike lack of time (49%) and patient resistance (41%).
CONCLUSION: First professional involved, the general practitioner should thus be recognised as a real partner in Health policy and improve their commitment with it.

PHP19

MEDICATION SUPPORT PROGRAM IMPROVES MEDICATION COMPLIANCE

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Positive clinical outcomes are dependent on patients adhering to their treatment plans. Improving patients' medication compliance through a mail-based medication support program that promotes preferred formulary agents leads to improved clinical outcomes. It also results in a win-win-win situation for patients, payers and industry partners by increasing appropriate and cost-effective utilization.
OBJECTIVES: This study assesses the effectiveness of a mail-based medication support program designed to increase prescription refill rates for selected maintenance medications. All patients taking selected medications are sent a welcome package. Patients late in refilling their prescriptions are sent a reminder letter. Patients who do not refill are sent a second reminder letter. Patients who remain non-compliant may be called by a nurse case manager. Patients who refill a new prescription on a timely basis are sent a congratulations letter.
METHODS: In phase one, refill rates for patients receiving one or more refill reminder letters are compared with the refill rates for a comparison sample of patients who did not receive reminder letters. In phase two, to be completed Q1 2002, we will compare the refill rates and cost profiles between selected medications and a similar class of unselected medications.
RESULTS: Phase one results show that patients who received reminder letters proceeded to have 14,731 fills, 537,321 units for 431,200 days supply. This compares to the control group, which had 10,329 fills, 376,736 units for 302,331 days supply. The difference between the groups shows that the intervention produced 4,403 fills, 160,585 units for 128,870 days supply.
CONCLUSIONS: Initial results show that a mail-based medication refill reminder program is an effective means